

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Albion College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 611 E. Porter Street, Albion MI 49224

Name of Agent Designated to Receive
Notification of Claimed Infringement: Dale R. Dopp

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Albion College; 611 E. Porter Street, Albion MI 49224

Telephone Number of Designated Agent: 517-629-0215

Facsimile Number of Designated Agent: 517-629-0505

Email Address of Designated Agent: ddopp@albion.edu

Signature of Officer or Representative of the Designating Service Provider: _____

Date: April 15, 1999

Typed or Printed Name and Title: Dale R. Dopp

Vice President for Finance and Management

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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RECEIVED

MAY 24 1999

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